

Inquiry Fax Form Industrial Festoon Systems

Fax to: _____ Fax Number: _____ Date _____

FOR FACTORY USE ONLY

Representative _____
 Territory No. _____
 Date _____

Customer _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Contact _____
 Ref. _____

Total Quantity of Systems (this specification): _____

Application: _____

What is special? _____



CABLE PACKAGE

CABLES HOSES

Qty. Each	Round /Flat	Jacket Type	AWG	Number Cond.	Fluid Density	Hose I.D.	Work Press.	O.D. or Thickness*	Width (Flat)*	Weight lb/ft*	Min. Radius*	Price /Foot
1)												
2)												
3)												
4)												
5)												
6)												
7)												

* This data will be automatically entered by computer based on charts in back of catalog. Non-standard dimensions, weights or minimum bend radii must be entered by customer based on information obtained from cable/hose manufacturer.

SYSTEM PARAMETERS

1) Active Travel (AT) _____ ft. _____ in.
 2) Loop Depth (LD) _____ ft. _____ in.
 3) Maximum Speed _____ ft / min
 4) Acceleration _____ ft /s /s
 5) Desired Model _____
This will be calculated by computer if left blank.

6) Storage Distance (SD) _____ ft. _____ in.
 7) System Length (SL) _____ ft. _____ in.
System Length = Rail Length. Describe any known obstructions that could interfere with Rail Length.

OPTIONS ✓ desired

1) **Tow Device** Tow Trolley Control Trolley
 2) **Hardware Mat'l** Zinc Plated Stainless Steel
 3) **Wheel Mat'l** Steel Bronze Stainless Stl.

ACCESSORIES ✓ desired

1) **Cable Clamps**
 2) **Ty-Wraps**
 3) **Tow Chains**
 Length will be calculated based on loop depth.
 4) **Cable Glands**

5) **Junction Boxes**
 NEMA Qty. _____
 6) **Pre-Assembly**
 7) **Quote Cables**
 Extra Cable at:
 Moving End _____ft.
 Fixed End _____ft.

